Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone :: (561)694-8107

Fax Number

: (561)694-1639

R. WHITE

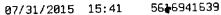
AUG 03 2015

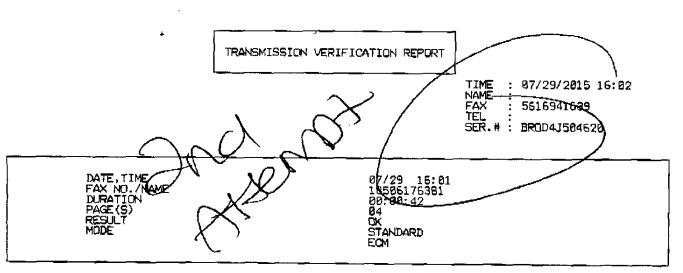
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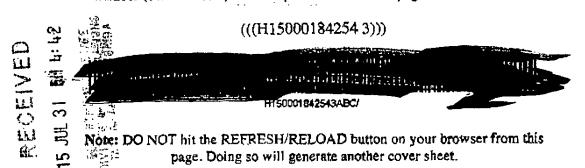
Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639

**Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

.....

FILED 15 JUL 31 AM 3: 54 CALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

ILHOUSE CORPORATION	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P13000068953	
(Document)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Plorida S ts Articles of Incorporation:	mutes, this Florida Profit Corporation adopts the following amendment(s)
. If amonding name, enter the new name of the corr	poration:
	The new
name mint be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter pow principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new multing address, I applicable: (Mailing address MAX BE A POST OF FICE BOX))
•	
• ,	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agant	
· · · · · · · · · · · · · · · · · · ·	_ · · · · · · · · · · · · · · · · · · ·
	(Florido sirem address)
No. 0 mintered thin a different	
New Registered Office Address:	(Clh)) (Zip Code)
	1 3 5
New Registered Agent's Signature, it changing Regis I hereby accept the appointment as registered agent. It	tered Agent; am familiar with and accept the obligations of the position.
Signat	ure of New Registered Agent, if changing

If amonding the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO - Chief Financial Officer. If an officer/director holds mars than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add. Example:

X Change	PT Job	m Doe	•			
X Remove	Y Mi	ke Jones				
<u>_X</u> Add	<u>SY</u> Sal	Sally Smith				
Type of Action (Check One)	Title	Name	Address			
1) Change	D	Nakashima, Lilian M	8690 NW 101 PLACE			
Add			DORAL, FL 33178			
X Remove						
2) Change	D/VP/S	Matunaga Nakashima, Cesor Yutaka	8690 NW 101 PLACE			
X Add	÷.		DORAL, FL 33178			
Remove						
3) Change			N			
Add	. :	•				
Remove						
4)Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Chaoge	<u> </u>					
Add						
Remove						

		tles, enter chance(s (Be specific)			
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<u>-</u> ,	· ·			to the same of the same of	
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en emenderent provisions for in (if not applic	provides for an exchangementing the amen while, indicate N/A)	imperi 1 (00 contai			
nn amendmeni Y ovisiona for l r (if not applic	provides for an exchi mlementing the amen oble, indicate N/A)	unient it tox contai			
an amendment provisions for in (if not applic	provides for an exchi microphine the amen oble, indicate N/A)	MINERAL IN TOX CONTRA			
on amendment provisions for h (if not applic	provides for an exchi mlementing the amen oble, indicate N/A)	Subject of 100 control			
on amendment provisions for h (if not applic	provides for an exchi mlementing the amen oble, indicate N/A)	Subject of 100 control			
an amendment provisions for it (if not applic	provides for an exchi mlementing the amen able, indicate N/A)	A TION CONTRACTOR			

The date of each amendment(s) adoption:	if other than the
Effective date if synlicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	o will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	si
"The number of votes cast for the amendment(a) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	•
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/17/2015	
Dated	
Signature	
(By a director, president or other officer - if directors or afficers have not been	
solested, by so incorposator - if in the hands of a receiver, trustee, or other court appearated liduclary by that fiduciary)	
Cetar Nakashima	
(Typed or printed name of person signing)	
Director/President	
(Title of person signing)	